Research Paper | Psychology | E-ISSN No : 2454-9916 | Volume : 2 | Issue : 10 | Oct 2016

ROLE OF MOTIVATIONAL INTERVIEWING IN PATIENT CENTERED CARE IN DENTISTRY

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ABSTRACT

Motivational interviewing is an important tool used for changing behavior and initiating change talk in a person. Its use is limited in dentistry, because of lack of awareness regarding the same. Dentists after doing an excellent treatment often face patient's resistance to following instructions and non compliance leading to failure of abutment, restorations, appliances and prosthesis. Increased awareness and knowledge about this gentle form of counseling can help dentist in cessation of detrimental oral habits, improved adherence and compliance with the treatment and also in improving patient satisfaction.

KEYWORDS: Motivational interviewing, Dentistry, Patient centered care.

Introduction:

Patient-centered care is defined as a philosophy of care that encourages shared control of the consultation, decisions about interventions or management of the health problems with the patient, and/or a focus in the consultation on the patient as a whole person who has individual preferences situated within social contexts, in contrast to a focus in the consultation on a body part or disease. 1 Healthcare interaction with patients and their relatives are often demanding and stressful owing to multiple factors as healthcare regulations, environment, hierarchies of responsibility, patients and doctor's personality and state of mind etc which inevitably lead to further demands on doctor's abilities to communicate effectively. Therefore, it is important that doctors take time to learn about communicating in healthcare settings meticulously in order to interact with patients as effectively as possible.

Health behavior is a complex process that requires going beyond the prerequisite of health risk information, instruction and demonstration to include the use of psychological principles and client-centered communication methods .2,3,4,5 One method for encouraging health behavior change is motivational interviewing (MI). MI is a patient-centered approach that is gathering increased interest in health settings. 6 It is a collaborative, person-centered form of guiding to elicit and strengthening intrinsic motivation for positive change. 7 MI has been used generally in the field of vocational rehabilitation and criminal justice etc. In healthcare ,it was first described in 1983 as intervention for problem drinking and then by 1990s, was being used for other health problems, mostly for chronic diseases , mental health ,psychiatry, primary healthcare ,nursing, tobacco cessation & recovery wherein patient motivation is a common obstacle to change. Training and use of MI by oral health providers have been reported to a limited degree mainly in improving oral hygiene practices ,caries, periodontitis and tobacco cessation .8,9,10,11,12,13,14,15,16.The reason for limited application in field of dentistry could be that most dentists lack a strong social and behavioral science education in their professional curriculum.

What is MI?

Motivational interviewing is a gentle form of counseling which has been found effective in cultivating change across a wide range of health behaviors. 17 It is a skillful clinical style for eliciting from patients their own good motivations for making behavior changes in the interest of their health. It involves guiding rather than directing, dancing rather than wrestling, listening as much as telling .17 All humans experience some ambivalence ,most of the times being totally unaware of it. Ambivalence a natural state of uncertainty ,simultaneous and contradictory attitudes or feelings, about changing existing behaviors e.g., dieting, exercising, maintaining oral health, wearing appliances or prosthesis regularly, following oral hygiene instructions etc. tobacco or smoking etc . Doctors/dentists can play a crucial role by helping patients discover and express ambivalence towards change. The overall "spirit", i.e. the mindset with which conversations with patients about behavior change should be approached is described as: 17, 18

1. **Collaborative-** Instead of an uneven power relationship in which an authoritarian clinician directs the passive patient what to do, there is an active collaborative conversation and joint decision making process encompassing partnership, acceptance, compassion.

2. **Evocative-** seeking to evoke from patients that which they already have e.g. personal goals, values, aspirations, and dreams, to activate their own motivation and resources for change .This is done by engaging with the patient, informing and advising with permission, focusing on a change goal, evoking the patient's motivation for change, and planning the change using skills as asking open ended questions, affirming, reflective listening, summarizing.

3. Honoring of patient autonomy- Clinicians may inform, advise, even warn, but ultimately in MI, it is the patient who decides what to do.

Why MI?

Literature shows that even in the best case scenario, adherence to health provider's recommendations tends to be low. About 30-60% of information provided in the clinician/patient interaction is forgotten within an hour of the encounter 19 and 50% of health recommendations are not followed by patients. 20 It was also found that adherence to healthy behaviors is equally important as effective treatments in achieving successful positive outcomes. Improved adherence to professional recommendations has been demonstrated when knowledge and advice are combined with behavioral strategies.

Components of MI :

The clinician follows the patient's cues and moves between listening (eliciting), asking, listening (eliciting) and informing using the key principles of MI (RULE: Resist, Understand, Listen, and Empower)17 . Use of these principles enables the patient to express his or her view of benefits and drawbacks associated with a particular behavior pattern and determine the action to be taken thereby the decision lies with the patient and not the clinician. Therefore the clinician allows the patient to have complete autonomy in the decision making process. The four key principles are:

1. **Resisting the righting reflex-** The clinician should abandon the parent child / provider centered style of an impulse to solve the patient's problems and allow the patient to articulate his or her own solutions. It is the patient who should be voicing the arguments for change. MI is about evoking arguments for change from the patient, and guide them in eliciting their own solutions.

2. **Understanding the patient's motivation-** MI should evoke and explore patients perceptions about current situations (important goals or values) and own motivations for change.

3. **Listening to the patient -** through acceptance, affirmation, open ended questions and reflective listening. MI involves at least as much listening as informing as the answers most likely lie within the patient, and finding them requires some listening.

4. **Empowering the patient-** by support, self-efficacy and optimism. Clinician can support patients hope that change is possible and help patients explore how they can make a difference in their own health.

Change talk :
While talking with a patient about behavior change, there are six different themes which can be encountered which tells something about the patient's motivation.17

1. Desire
First types of change talk include verbs as want, like, and wish which tell what the person wants. E. g- I wish I could stop eating chocolates.

2. Ability
A second type of change talk reveals what the person perceives as within his or her ability. The prototypical verb here is can and could. E. g- I think I can come in once in a month for check up.

3. Reasons
A third type of change talk, reason can occur with no particular verbs or can occur along with desire verbs .Change talk can express specific reasons for a certain change. E. g- Iam sure I would feel better if I brushed and flossed regularly, this nagging pain keeps me from doing my daily activities.

4. Need
Fourth type of change talk shows a need or necessity and includes verbs as need, have to, got to, should, ought, and must. E. g- I really need to brush more regularly.

5. Commitment
Fifth type of change talk includes verbs as I will, I promise, I guarantee, I am ready to, I intend to. E.g.-I guarantee I will brush twice daily and rinse my mouth after every meal.

6. Taking Steps
Taking steps is a sixth form of change talk especially with patients coming repeatedly over time. Their statements show that they have taken some step toward change .E.g. -I tried a couple of times without smoking in last 10 days.

Conclusion:
Motivational Interviewing is an evidence-based treatment that addresses ambivalence to change and helps patients considering and making a change in their life by discovering their own interest in examining their ambivalence about the change, express in their own words their desire for change i.e., change-talk and plan for and begin the process of change. Dentist must be made aware about its benefits. Its application in dentistry should be expanded (e g- motivation and compliance regarding complete denture or other prosthesis and appliances wearing etc) to improve the quality of patient centered care.

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